2000-2001 VIRGINIA PRESCHOOL INITIATIVE INTERIM REPORT SUBMIT 1 ORIGINAL AND 1 COPY OR SEND VIA EMAIL TO

ksmith@mail.vak12ed.edu **and** lwilliam@mail.vak12ed.edu

City/County: L	ad Agency:	
Name of Person Completing this Form: A	ddress:	
Telephone #: FAX #:	Email:	
Agency conducting program, if different from lead	agency:	
	Total number of students funded by VPI?	
(Include only the number paid for by VPI funds) What specific curricula is used? High Scope Creative Curriculum Core Knowledge Locally Developed		
Teacher Starting Date:	Educative Developed Student Starting Date:	
What staff development activities has your staff ha		
For staff other than classroom teacher or teacher a (If you have more than 6 additional support staff, c	Name/Position	
% of time serving VPI students: Qualifications: Master's Degree Bachelor's Degree Associate's Degree Child Care Development High School Graduate	% of time serving VPI students: Qualifications:Bachelor's DegreeChild CareAssociate's DegreeChild CareHigh School GraduateAssociate (CDA) #years experience in child care?	
Name/Position	Name/Position	
% of time serving VPI students: Qualifications:Bachelor's DegreeBachelor's DegreeChild CareAssociate's DegreeChild CarePerelopmentHigh School GraduateAssociate (CDA) #years experience in child care?	% of time serving VPI students: Qualifications:Bachelor's DegreeBachelor's DegreeChild CareAssociate's DegreeChild Care DevelopmentHigh School Graduate Associate (CDA) #years experience in child care?	
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Complete one box for each classroom (two classrooms per page): Copy extra forms, if needed.

Classroom Information:	Student Demographics	Teacher Demographics
Classroom Identification #	How many students enrolled from each funding	Teacher's Name
Address	source?:	
	VPI	% of time serving VPI students:
	Early Childhood	Qualifications:
	Special Education	Years of experience in child care setting:
Talanhana Nimeban	Paying Tuition	Type of degree (MA, BS, Associates)
Telephone Number	Title I	Type of degree (with De, recognition)
	Headstart	16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Fax Number	Department of Social	If no degree, type of certificate:
	Services	
Email Address		Assistant's Name
Email Address	Other	
	Total Above	% of time serving VPI students:
D. I. I. O. I. I.	(Not more than 16)	Qualifications:
Public School	Of the VPI students indicated above,	Years of experience in child care setting:
Community Action	how many are:	Type of degree (MA, BS, Associates)
Program	CaucasianMale	Type or acgive (i.m.i, 20, ricecolates)
For-profit child care	Asian Female	If we decree to see af contification
Nonprofit child care	African American	If no degree, type of certificate:
Other	Hispanic	
	Other	
Classroom Identification #	How many students enrolled from each funding	Teacher's Name
Address	source?:	
	VPI	% of time serving VPI students:
	Early Childhood	Qualifications:
	Special Education	Years of experience in child care setting:
	Paying Tuition	Type of degree (MA, BS, Associates)
	Title I	Type of degree (with De, recognition)
Telephone Number	Headstart	If the second second
Tolophone Italiadi	Department of Social	If no degree, type of certificate:
Face Nicordan	Services	
Fax Number		Assistant's Name
	Other	
Email Address	Total Above	% of time serving VPI students:
	(Not more than 16)	Qualifications:
	Of the VPI students indicated above,	Years of experience in child care setting:
Public School	how many are:	Type of degree (MA, BS, Associates)
Community Action	CaucasianMale	. , po o. dogroo (m. i, 20, / loodolatoo)
	Asian Female	If we derive the entitle state
Program For profit shild core	African American	If no degree, type of certificate:
For-profit child care	Hispanic Other	
Nonprofit child care Other		